

INSPECTOR'S MULTI-MEDIA CHECKLIST

Facility Name: Sun Chemical

Facility Address: 185 Foundry St
Newark, NJ 07105

Facility ID No.: NJD002458842

Facility Contact: Ursula Fukazawa

Facility Phone: (973) 344-4879 ext. 232

Inspector's Name: Jim Sullivan

Inspector's Phone: (212) 637-4138

Date of Inspection: 11/9/99

Referred to : _____ Date: _____

[with copy to Charles Zafonte, MM Coordinator, for tracking.]

Date Response Received: _____

In Compliance: Yes _____ No _____

If Yes: Violation Resolved _____

Action Taken (describe) _____

Company is SQG

INSPECTORS' MULTI-MEDIA CHECKLIST

GENERAL VISUAL CUES OF POSSIBLE NONCOMPLIANCE WARRANTING FURTHER INQUIRY

1. Sloppy housekeeping or poor maintenance in work and storage areas or laboratories.
2. Stains or discoloration of soil, concrete, or floors in work areas.
3. Distressed vegetation - unhealthy, discolored, or dead.
4. Dark smoke or dust clouds, or smoke coming from other than a smoke stack.
5. Unusual odors or strong chemical smells.
6. Sheen on surface waters.

CHECK IT OUT!

1. If you see or hear something suspicious during an inspection, check it out! Ask probing questions:
 - What is it? Is it a waste product?
 - What process produced it?
 - Has it been tested?
 - Where do you normally dispose of it?
 - Do you have a permit for the disposal?
 - How long has the circumstance existed?
 - When did it begin?
2. Pay attention to the situation.
 - Note amount of pollutant that appears to be involved.
 - Note the location.
 - Take notes describing the situation, noting the source of the pollutant and its emission point.
 - Take photographs.

PROGRAM-SPECIFIC QUESTIONS

Refer to the program-specific questions in Attachment A that are appropriate for the facility you are inspecting.

Attachment A- Follow-Up Questions

RADIATION

Ask:

1. Are any radioactive materials used or stored at this facility? NO
2. If YES, does the facility have a state or federal radiation license? ___YES ___NO*

AIR COMPLIANCE

1. With sun BEHIND you, observe: Is opaque smoke being emitted from a smokestack, vent or opening? ___YES* ~~___NO~~
"Opaque smoke" is smoke -- not steam -- dark enough to obscure anything behind the plume for five minutes or more. (Steam dissipates at a given point; smoke trails off.) The sun (if not obscured by clouds) should be in a 140 ° arc behind the observer. Please note whether sun was obscured; if sun was not obscured, note the relative positions of the sun, the observer and the emission point observed.
2. If YES:
 - A. Which process or process line is smoke coming from? (Try to be specific, e.g., "Boiler No. 4" or "Coating Line C"). _____
 - B. What is the cause of the smoke emission? e.g.
 - i. Is any air pollution control equipment out of service or turned off while production is ongoing? ___YES ___NO
 - ii. If YES: When will it be back on line? _____
 - iii. Is the facility operating under an unusual load, using different fuels, or process feed materials? ___YES ___NO
 - C. Note color of smoke: _____
3. A. Has the facility added any processes or expanded any pre-existing processes in the last two years? ___YES ~~___NO~~
If YES:
 - B. Did the facility obtain any state or federal air pollution permits for the expansion? ___YES ___NO*
4. A. Has the facility undergone any renovations or demolitions during the last 18 months which involved the removal or disturbance of asbestos-containing materials? ___YES ~~___NO~~
If YES:
 - B. Approximately how many square feet or linear feet of asbestos-containing materials were removed? _____
 - C. If the amount exceeded 260 linear feet, or 160 square feet, **REFER** to Air Compliance Branch; and Ask: was EPA notified of removal? ___YES ___NO*
5. A. Does the facility have any air conditioning/refrigeration equipment which their employees perform service on **involving the refrigerant?** (i.e., maintaining, servicing, repairing, or disposing of equipment. This applies **ONLY** to refrigerants that contain CFC's.) ___YES ~~___NO~~
If YES:
 - B. Does facility have Recovery/Recycle or Recovery only equipment? ___YES ___NO*

WATER-NPDES, UIC, UST, PWSS

1. **Circle as applicable:** Does the facility generate industrial wastewater (IW)/ sanitary wastewater (WW) and/or storm water (SW) and dispose into:

- | | |
|---|------------|
| a. receiving stream/surface water body or onto ground near enough to impact one? ¹ | IW WW SW |
| b. sanitary sewer system which discharges to municipal treatment plant? (POTW) | IW WW SW |
| c. storm water sewer system? | IW* WW* SW |
| d. subsurface disposal system (septic system, drywell, cesspool, sinkhole)? | IW* WW* SW |
| e. trucked off site? | IW WW SW |
| f. onto ground surface (e.g. spray, discharge pipe, open trench) | IW WW SW |

Ascertain the name of stream and/or name(s) and type(s) of sewer system.

PVSC

2 a. **Note:** Are there floor drains, sinks (other than in bathrooms), storm water collection structures:

1) in an area where raw materials, products, wastes or wastewaters are generated, stored or transported and/or 2) that are possibly receiving wastes due to poor housekeeping, etc.?

☒ YES* ☒ NO
☐ YES ☒ NO

b. If yes, is there fluid in drain/structure?

c. If yes to a, is there evidence that contaminants entered drain/structure (e.g. fluid discolored or smells, staining of drain or floor near drain, any discharge smells/appears contaminated)?

☒ YES* ☐ NO

d. Ask: What types of fluids enter drains/structures:

rain water

3 a. Does the facility have, or has it applied for, a permit for each discharge noted in question 1?

☒ YES ☐ NO* If permitted, what is/are permit number(s)?

b. If you answered yes to question 1a for storm water or yes to 1c for storm water discharge to a storm sewer, but the facility does not have a storm water discharge permit, ask why facility is not permitted².

c. If you answered question 3b, ask what SIC code(s) describe all the facility's activities³?

4 a. Does the facility treat wastewater prior to discharge?

☒ YES ☐ NO

b. If yes to a, ask how it is treated?

ph neutralization

** Refer facility in NY, NJ to Water Compliance Branch and facility in PR, VI to Enforcement and Superfund Branch (ESB) of CEPD*

¹ Discharges to surface water bodies from "point sources" are regulated by EPA. It is a point source if the fluid flows through a discreet conveyance such as a pipe, ditch, tunnel, conduit into or near enough to impact a wetland, stream, lake, etc.

² Facility could have received determination that it is not subject to storm water requirements.

³ If the first 2 digits of any SIC code are 10-14, 20-45 or 51, or if facility is landfill/land application site, recycler, hazardous waste TSD, or steam electric power generator, or if there are construction activities covering more than 5 acres, refer to WCB if NY or NJ or ESB in CEPD for PR, VI.

PUBLIC WATER SUPPLY

1. **Observe/Ask:** Does the facility have its own water supply (i.e., a well)? ☐ YES ☒ NO
2. **If YES to #1:** Does the facility provide potable water for 25 or more persons? ☐ YES ☐ NO
3. **If YES to #2:** Is the facility sampling and analyzing for contaminants in its water supply and reporting the results to the state? ☐ YES ☐ NO**

**** Refer facility located in NY, NJ to Water Compliance Branch and facility in PR, VI to Environmental Management Branch of CEPD**

UNDERGROUND STORAGE TANKS (UST)

1. Does the facility have regulated USTs? ☐ YES ☒ NO

*A regulated UST has more than 10% of volume located underground; **and** contains petroleum products or CERCLA hazardous substances.*

2. Are all USTs used to store fuel oil for on-site heating? ☐ YES ☐ NO

If yes to #2, do not complete the rest-the facility is EXEMPT.

3. What kind of petroleum product or hazardous substance does UST contain? _____

4. Is there any evidence of UST leakage/spillage? ☐ YES*** ☐ NO

***** Refer facility located to Water Compliance Branch**

EMERGENCY PLANNING AND COMMUNITY RIGHT-TO-KNOW ACT (EPCRA)

Ask:

1. A. Does the facility have present any of the 360 "Extremely Hazardous Substances" in excess of established threshold planning quantities? ☐ YES ☒ NO

Threshold planning quantities are established by regulation, vary by chemical and range from 1 to 5000 lbs.

- B. **If YES:** Was the State Emergency Response Commission (SERC) and Local Emergency Planning Committee (LEPC) notified of their presence for local planning purposes? ☐ YES ☐ NO*

2. A. Has the facility had a release of an Extremely Hazardous Substance or a CERCLA hazardous substance in excess of the Superfund reportable quantity? ☐ YES* ☒ NO

Reportable quantities vary by substance, ranging from 1 lb. to 5000 lbs. For the purpose of this checklist, assume 1 lb.

- B. **If YES:** Was notification of the release provided? ☐ YES ☐ NO*

C. **If YES:**

- i. To whom was the notification given?
- ii. Was notification oral or written?

Not EHS

Form R5

Methanol

Phosphoric Acid

iii. If oral, was a written, follow-up report submitted? YES NO*
*If facility cannot identify to whom notification was given, cannot specify whether notification was written or oral, or is not certain whether oral notification was followed by a written follow-up report, *REFER*.*

3. A. Does the facility have on site Material Safety Data Sheets (MSDS) for all hazardous chemicals used, as required under OSHA's Hazard Communication Standard? X YES NO*
 B. If any hazardous chemicals are present in excess of 10,000 lbs., or Extremely Hazardous Substances are present in excess of the threshold planning quantities, have the MSDS (or a list of MSDS), along with chemical inventory forms, been submitted to state and local emergency planning authorities and the local fire department? X YES NO*
UA Contingency Plan

TOXIC RELEASE INVENTORY (TRI)

For manufacturing facilities ask 1-2:

1. Does the facility have more than 10 or more full time employees? X YES NO
 2. Is the facility classified under SIC codes 20-39? 2485 2965 X YES NO

If **both** questions 1. and 2. are **YES** ask :

- a. Did the facility use more than 10,000 pounds of a chemical during any of the past five calendar years? X Yes NO
 b. If **YES** ask: Did the facility file a Section 313 Toxic Chemical Release Inventory Form R for the chemical? X Yes NO*

For other facilities ask 3-4:

3. Is facility classified under any of the following sectors?

YES	NO	Type of facility	YES	NO	Type of facility
	<u>X</u>	commercial hazardous waste treatment		<u>X</u>	petroleum bulk terminals
	<u>X</u>	metal mining,		<u>X</u>	chemical wholesale
	<u>X</u>	coal mining		<u>X</u>	solvent recovery services.
	<u>X</u>	electric utilities			

4. Does the facility treat, dispose, or stabilize over 10,000 pounds of a chemical per year?
Yes X No *Treat wastewater*

If any response in 3 is Yes and 4 is also Yes, provide them with program contact information for compliance assistance. For more EPCRA information, call 1-800-535-0202; or the Region II program offices for EPCRA-Emergency Planning and Community Right To Know at 732-321-6194 or for EPCRA-Toxic Release Inventory at 908-732-6890.

TOXIC SUBSTANCES CONTROL ACT (TSCA)
Polychlorinated Biphenyls (PCBs) 40 CFR Part 761

No PCB's

SAFETY WARNING: Stay ten feet from any high voltage conductors.

Ask:

1. Does the facility use liquid filled electrical equipment (i.e. transformers, capacitors) manufactured before 1980?
Exclude equipment containing less than 3 lbs (1 quart) of fluid.
Only include utility owned equipment if inspecting the utility.
- ___YES XNO
- A. If Yes, how many of the above are transformers:
- Containing PCBs at greater than 500 ppm? _____*
 - Containing PCBs <500 ppm but ≥ 50 ppm? _____*
 - Containing fluid with an unknown PCB concentration? _____*
- B. If Yes, how many of the above are capacitors? _____*
2. Does the facility have any hydraulic systems manufactured before 1980 which use or used high temperature fluid?
- ___YES XNO
- A. If Yes, has each system been tested for PCBs? ___YES ___NO*
- B. Do any currently have PCB concentrations ≥ 50 ppm? ___YES* ___NO
3. Does the facility have any oil filled heat transfer systems manufactured before 1980? ___YES XNO
- A. If Yes, has each system been tested for PCBs? ___YES ___NO*
- B. Do any currently have PCB concentrations ≥ 50 ppm? ___YES* ___NO
4. Does the facility have PCB waste stored for disposal? ___YES* ___NO

Things which may be to OBSERVED:

PCB Items (transformers, capacitors, containers)

- Are any **leaking**? ___YES* ___NO
- Do all (except transformers <500 ppm) have a **PCB Mark M_L**? ___YES ___NO*

PCB Waste: In addition to the PCB Mark M_L, is PCB waste in storage for disposal marked with the **date removed from service for disposal**: ___YES ___NO*

- Is **PCB waste currently stored** for more than 30 days in any area? ___YES ___NO
- If Yes, does the area have:
- a roof and walls to keep out rain? ___YES ___NO*
 - a 6" high impervious containment berm? ___YES ___NO*
 - a PCB Mark M_L for the area? ___YES ___NO*
 - a location not in a 100-year flood plain? ___YES ___NO*

General Chemical Regulations - 40 CFR Parts 700-723

5. Does the facility manufacture, or import into the United States, any chemicals for which they are the sole manufacturer/importer? ☐ YES ☒ NO

If "yes", do they know that these chemicals are on the TSCA chemical inventory? ☐ YES ☐ NO*

SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC)

40 CFR Part 112.1-112.7

Ask:

1. A. Does the facility store oil? ☐ YES ☒ NO

Natural Gas

Note: Oil is not limited to petroleum oil; for example, vegetable oil and transformer oil are regulated oils.

B. If YES, does the storage capacity exceed --

- | | | | |
|------|---|-------------------------------|-----------------------------|
| i. | 660 gallons in any one above-ground tank? | <input type="checkbox"/> YES* | <input type="checkbox"/> NO |
| ii. | 1320 gallons in all above-ground tanks? | <input type="checkbox"/> YES* | <input type="checkbox"/> NO |
| iii. | 42,000 gallons in underground tank(s)? | <input type="checkbox"/> YES* | <input type="checkbox"/> NO |
2. If the answer to any part of #1. B. was YES, did the facility show you a copy, or have available a Spill Prevention, Control, and Countermeasure (SPCC) Plan? ☐ YES ☐ NO*
3. Did the facility have an oil spill within the last 12 months? ☐ YES* ☐ NO

Facility Response Plan (FRP)

40 CFR Part 112

- 1) Does the facility have an above-ground oil storage capacity that is greater than or equal to 42,000 gallons and conduct operations that include over-water transfers of oil to or from vessels? ☐ Yes* ☒ No
- 2) Does the facility have an oil storage capacity greater than or equal to one million gallons?
☐ Yes* ☒ No
- 3) Did the facility submit a Facility Response Plan to the EPA? ☐ Yes ☒ No

WETLANDS

1. **Observe:**
- A. Are there any wet areas (i.e., marshes, swamps, bogs) on or adjacent to the site, with or without wetlands-type vegetation such as cattails, rushes, or sedges? ☐ YES ☒ NO
- Sketches of several common wetlands plants are attached. Note that there need not be standing water in order for an area to be designated a federal wetland; and some wetlands have shrubs and trees present.*
- B. Are there any waterbodies or waterways on or adjacent to the site? ☐ YES ☒ NO

(continued)

2. If answer to # 1. A **or** B was "YES," is there any work (clearing, filling, dredging, ditching, construction on or over the area, etc.) being conducted in these areas, **or** is there any evidence that such activities have occurred very recently? ___ YES ___ NO
3. **If YES:**
- A. When was the work undertaken? _____
- B. Does the facility have any permits for this work? ___ YES ___ NO*
4. **If YES:**
- A. What agency(s) issued such permits? _____
(e.g., U.S. Army Corps of Engineers; State environmental agency.)
- B. For any federal permits, what specific type of permits are they (i.e., nationwide, regional, individual)?

*If facility is unable to provide adequate information in response to # 4., *REFER* to program office.*

FEDERAL INSECTICIDE, FUNGICIDE AND RODENTICIDE ACT (FIFRA)

- 1. If the inspection is conducted at a manufacturing facility, ask the following:**

- A. Are there any pesticides manufactured, relabeled, or repackaged at this establishment?
 ___ YES ~~___ NO~~

Pesticide is (1) any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest, or (2) any substance or mixture of substances intended for use as a plant regulator, defoliant, or desiccant.

- B. If A. is YES, does the establishment have an EPA Establishment Number? (EPA EST. #)
 YES NO*

Section 7 of FIFRA requires all establishments producing, relabeling and/or repackaging pesticides be registered with EPA.

- C. If **B. is Yes**, enter the Establishment Number here _____ and continue:
- D. Has the company filed the Annual Pesticide Production Report form? YES NO*

(Report due March 2 of each year for the previous calendar year's production.)

- 2. If the inspection is conducted at a storage-distribution facility or at a retail facility, ask the following:**

A. Are there any pesticides being held for sale or distribution, or stored at this facility (warehouse)?

☐ YES ☒ NO

B. If A. is YES, are there any restricted use pesticides stored, or held for distribution or sale at this facility? ☐ YES* ☐ NO

C. Are there any containers leaking? ☐ YES* ☐ NO

D. Are pesticides stored next to strong acids, mineral acids, caustic and/or oxidizing materials? ☐ YES* ☐ NO

3. If the inspection is conducted at a site where there is a suspicion/indication that pesticides were not properly used, observe and record any visible adverse effects such as human adverse reaction(s), fish kill, dead birds, dead wildlife, plant damage, etc, and ask the following:

A. Have pesticides been applied by you or by an employee of your company or by a pesticide application company? ☐ YES* ☒ NO

B. If A. is YES, continue obtaining the following information:

- Date of application,
- Name of pesticide applied,
- Name of pesticide applicator company (if applicable) or person in your company who made the application,
- Address and/or phone number of pesticide applicator company (if applicable),
- Type of health complaints from employee (if applicable),
- Contact person for follow-up.

4. If the inspection is conducted at a public housing facility, educational facility, day care facility/farm market/flea market/spa or health facility/beauty parlor/private housing, ask/observe if there are any pesticides sold on the premise: ☐ YES* ☒ NO

A. If 4. is YES, identify whether the pesticides are registered for agricultural use (This can be identified by reading the pesticide label) ☐ YES* ☐ NO

Note: If after reading the label you are unsure if the pesticides are registered for agricultural use/or you suspect the pesticides are registered for agricultural use *Refer*.

B. If A. is YES, obtain the following information:

- Name and identity (e.g farmers, homeowners, pesticide applicators, etc.) of the buyers,
- Address and telephone number of the buyers,
- Name(s) of pesticide purchased,
- EPA Registration Number (EPA Reg. No.) of pesticide(s) purchased.

C. Identify if there are any pesticides sold in unlabeled containers or with hand written labels. ☐ YES* ☐ NO

*If you suspect, but are unsure, that pesticides are being sold in unlabeled containers or with hand written labels *REFER*.*

CRIMINAL ACTS

During the course of this inspection, has anything been brought to your attention which would indicate the following:

1. Is the facility involved in deliberate acts of dumping or discharging wastes? ___ Yes* ☒ No
2. Is there any evidence of bad intent or conduct? For example, falsification or records or efforts to conceal activities? ___ Yes* ☒ No
3. Has there been any actual harm to individuals as a result of violations? ___ Yes* ☒ No
4. Other activity or behavior which you believe indicates criminal behavior? ___ Yes* ☒ No

Refer to Criminal Investigation Division if you checked Yes.

The Facility produces a pigment that covers the Facility due to "de minimus" losses, not from intended disposal.

Attachment B-Contact List for Referrals

REGION II MEDIA PROGRAM SECTION CHIEFS (and Alternate Contacts)

AIR (incl. CFCs, but not Asbestos):	Karl Mangels 637-4078
-Asbestos (AHERA & NESHAP)	Robert Fitzpatrick -4042
EPCRA Toxic Release Inventory:	Dan Kraft 732-321-6669
	Nora Lopez 732-906-6890
Emergency Planning & Community Right-to-Know:	
	John Higgins -6194
Federal Facilities:	John Gorman 637-4008
	Jeanette Dadusc -3492
FIFRA:	Fred Kozak 732-321-6769
NPDES and Pretreatment:	Frank Brock 637-3762
NJ & non-local NY Pretreatment:	Ari Harris -3763
Caribbean:	Hank Mazzucca -4229
Oceans:	Doug Pabst -3797
Public Water Supply:	Doug McKenna -4244
	Bruce Kiselica -3879
Radiation:	Jeanette Eng -4007
RCRA:	Joel Golumbek -4140
Remedial Actions in NJ:	Carole Petersen -4418
NY & Caribbean:	John Lapadula -4262
Removal Actions:	Richard Salkie 732-321-6658
	Bruce Sprague -6656
SPCC/FRP:	Doug Kodama 732-906-6905
TSCA:	Dan Kraft 732-321-6669
PCBs	Dave Greenlaw 732-906-6817
Chemicals	Mike Bious 732-906-6892
UIC & UST:	John Kushwara 637-4232
Wetlands:	Daniel Montella -3801
<u>Criminal Investigations Division -</u>	William V. Lometti: -3634